

ALEXANDRIA OFFICE OF CONSUMER AFFAIRS

CONSUMER COMPLAINT RECORD

PLEASE TYPE OR PRINT IN INK

For Agency Use Only

Complaint No.

Date

DATE _____

BUSINESS COMPLAINT IS AGAINST

Name _____

Address _____

City _____

Phone No. _____ Daytime Phone No. _____

Person you contacted _____

Product or Service _____

Model # _____

Serial # _____

Manufacturer _____

Address _____

COMPLAINANT (Person submitting complaint)

Name _____

Address _____

City _____ Zip Code _____

Daytime Phone No. _____

How did you choose this business?

Yellow Pages _____ Mail _____

Newspaper _____ Telephone _____

Other (specify) _____

Date of Purchase or Service _____

PLEASE ENCLOSE COPIES OF ANY SALES TICKETS, CONTRACTS, WARRANTIES, GUARANTEES, REPAIR BILLS, NEWSPAPER ADS, ETC. THAT WILL AID IN THE INVESTIGATION OF YOUR COMPLAINT.

Have you contacted the business about this complaint? Result? _____

Please list other consumer agencies contacted _____

What settlement would you consider mutually fair? _____

Brief Description of Complaint _____

PLEASE READ DISCLOSURE STATEMENT

All information provided to the Alexandria Office of Consumer Affairs is available for inspection by the public under the Virginia Freedom of Information Act (§2 . 1-340, et seq., Code of Virginia), except those cases which may be referred to law enforcement agencies.

The information requested by the Office of Consumer Affairs is subject to the Privacy Protection Act of 1976, (§2.1-377, et seq., Code of Virginia). Accordingly, you are not required to provide any of the requested information. The Office of Consumer Affairs, however, is less likely to be able to assist you if the requested information is not provided. Information provided is routinely used for processing consumer complaints. All information provided may be disclosed to the business against which the complaint has been filed, and referred to other consumer offices or law enforcement agencies as needed.

Signature of Complainant _____

_____ Date